

Organization Information Form Instructions

Definitions:

Organization = Provider or Agency Name

Primary Address = The physical location of the site

Executive Director = Chief Executive Officer, President or SATOP Administrator

Service Category = Refers to a Program such as Primary Recovery Plus or CSTAR Adolescent

Section 1: All data in this section is required.

The top three lines inform us who you are and the address where changes are occurring. Please include all identification numbers associated with this site (Vendor Number, SAM II Vendor Code, etc.)

Reason for Submitting Form:

Please explain what is being added, changed or deleted. Examples: mailing address changed, the site is not relocating but the post office has changed your mailing address; phone number changed, etc.

Administrative Site:

Please check the box if the form is being submitted regarding changes to your administrative site.

Sections 2: Please complete only if applies

Name Change - Change in the name of your Organization

Executive Director – Change or your Chief Executive Officer or SATOP Administrator (the person to whom mail would be directed from Central Office). Be sure to include their title.

Section 3: Check the appropriate box:

ADD if you are adding a site or adding a new service to an existing location, etc.

CHANGE if changing any organization information (address change, name change, Executive Director change, phone number change, etc.)

DELETE if no longer doing business at a site or no longer providing a service at a site, etc.

Primary Address - Complete this section if the physical location of the site has changed or you are adding a new site. This section would also be completed if phone numbers, fax numbers or email addresses changed.

Billing Address – Complete this section if your billing address is changing, etc.

Mailing Address – Complete this section if your mailing address is changing.

Section 4: Is used to inform DMH of any changes, additions or deletion of services provided at this site.

Check **ADD or Delete** to indicate whether you are adding a new service or no longer providing a service at this site.

Check the appropriate Box:

For each service category that you are adding or deleting and enter the Contract Number and Contract Sequence Code in the box provided to the right of the service category.

Include the name and phone number of the person completing this form and the effective date of the change(s).

Forward the form to your District Administrator:

Eastern: Barbara.Keehn@dmh.mo.gov Phone: (314) 877-0370 Fax: (314) 877-0392

Central: Debbie.McBaine@dmh.mo.gov Phone: (573) 526-6962 Fax: (573) 751-7814

Western: Dave.Fleming@dmh.mo.gov Phone: (816) 482-5770 Fax: (816) 482-5774

If you have any questions contact your District Office at the number above.

DEPARTMENT OF MENTAL HEALTH
ORGANIZATION/AGENCY INFORMATION

SECTION 1 (fill in all fields in this section)

TIN (FEIN or SSN)

SAM II VENDOR CODE

DMH VENDOR NUMBER

ORG NAME

OLD
ADDRESS

CITY

STATE

ZIP

Reason for Submitting Form

☐ Check if this is your Administrative Site

SECTION 2

☐ CHANGE

NAME CHANGE

EXECUTIVE DIRECTOR

NAME

TITL

SECTION 3

PRIMARY ADDRESS (Physical Location of Site)

☐ ADD

☐ CHANGE

☐ DELETE

CITY

STATE

ZIP

COUNTY

CONTACT/TITLE

PHONE

FAX

EMAIL

BILLING ADDRESS

☐ ADD

☐ CHANGE

☐ DELETE

CITY

STATE

ZIP CODE

MAILING ADDRESS

☐ ADD

☐ CHANGE

☐ DELETE

CITY

STATE

ZIP CODE

SECTION 4

Check the ADA services provided at this site and list contracts/sequence codes used for billing in boxes to the right.

COMPULSIVE GAMBLING☐ ADD☐ DELETE☐ Compulsive Gambling**CSTAR**☐ ADD☐ DELETE☐ Adolescent☐ General Population☐ CSTAR Opioid☐ Women and Children☐ Women and Children Alt Care**GENERAL TREATMENT**☐ ADD☐ DELETE☐ Primary Recovery Plus☐ Enhanced Primary Recovery Plus☐ Recovery Supports☐ Relapse Prevention☐ Treatment**SUBSTANCE ABUSE TRAFFIC OFFENDERS PROGRAM (SATOP)**☐ ADD☐ DELETE☐ SATOP Screener-OMU ☐ Adolescent Diversion Education Program-ADEP ☐ Offender Education Program-OEP☐ Weekend Intervention Program (WIP)☐ Clinical Intervention Program (CIP)☐ Youth Clinical Intervention Program (YCIP)☐ Serious and Repeat Offenders Program (SRDP)☐ Required Educational Assessment and Community Treatment (REACT)**PREVENTION**☐ ADD☐ DELETE☐ Primary☐ Targeted**DEPARTMENT OF CORRECTIONS**☐ ADD☐ DELETE☐ Outpatient☐ Free and Clean☐ Community Partnership for Restoration**CERTIFIED NON CONTRACTED SERVICES**☐ ADD☐ DELETE☐ Detox Medical☐ Outpatient☐ Institutional Corrections☐ Detox - Modified Medical☐ Residential☐ Detox - Social Setting☐ Opioid

Completed By

Date:

Phone Number

District Administrator Signature

Date